

**T**ake care of your teeth  
with **Dominion Dental Services**

Dental disease is preventable. DOMINION plans encourage the early detection of dental problems and routine maintenance. We help you take better care of your teeth and now it can cost you less to do it!

- Extensive coverage
- Quality dental care at predetermined fees
- Your choice of convenient private offices
- Treatment that emphasizes prevention and early detection of dental problems

- No charge for oral examinations
- No charge for routine semiannual cleanings
- No charge for bitewing X-rays
- No charge for topical fluoride for children

You will receive more extensive care (fillings, crowns, dentures, root canals, periodontal care, oral surgery, etc.) at fees up to 70% lower than usual and customary charges (see **SAVINGS COMPARISON** chart). You only pay the amount listed. Specialty care is provided at the listed copayment whether performed by a participating general dentist or a participating specialist. Referrals to a specialist must be made by the member's participating dentist..

## Your choice of participating dentists


Each family member may select a different participating dentist. And, if you ever need to change your dentist for any reason, just access our website or call our Member Services Department.

You and your dependents are eligible. Dependents include your spouse, unmarried children under age 21, and unmarried children who are full-time students (up to age 24).

You are covered for emergency dental treatment arising from accidental injury or illness while temporarily more than 50 miles from home. Simply use any convenient dentist and submit the receipt to DOMINION for reimbursement.

<u><i>Procedure</i></u>	<u><i>Avg. Chg.*</i></u>	<u><i>Your Fee</i></u>
Oral examination	\$59	No Charge
Bitewing X-rays (2 Films)	\$31	No Charge
Topical Fluoride (Children)	\$26	No Charge
Semiannual Cleaning	\$61	No Charge
Complete Series X-rays	\$86	\$22
Filling (3 Surface-Silver)	\$139	\$45
Crown (Porcelain/Metal)	\$703	\$392
Root Canal (Anterior Tooth)	\$474	\$235
Complete Denture	\$1129	\$515
Simple Extraction	\$104	\$52

## PLAN FEATURES



**no** Deductibles  
**no** Pre-authorization Paperwork  
**no** Claim Forms  
**no** Maximum Annual Dollar Limits  
**no** Pre-existing Condition Exclusions

- Select a dentist.
- Fill out the attached application. Be sure to list all dependents you want covered.
- Return the completed application to your Benefits Administrator.
- A Membership Card and Certificate of Coverage will be mailed to you on or before your first day of eligibility.
- If you have any questions regarding your date of eligibility, please contact your Benefits Department.

After your effective date, simply call the dental office you selected, make an appointment, and present your membership card upon arrival.

You will receive treatment at the dental office listed on your membership card, except when an emergency arises or when otherwise directed by your Plan Dentist.

If you leave your place of employment, you will have the option of converting your coverage to a DOMINION program using an alternate method of payment.

Dominion Dental Services, Inc., P.O. Box 75314, Charlotte, NC 28275-0314													
Subscriber Enrollment Information													
Social Security Number			Last Name			First			M.I.		Sex		
Home Address			City			State			Zip		Home Telephone		
Date of Birth - -			Dental Office Code # and Name (As indicated on your Provider Directory)									Work Telephone	
Dependent Information (List Covered Dependents Only)													
Last Name (if Different)			First		M.I.		Sex		Birthdate		Soc. Sec. #		
Spouse													
Child													
Child													
Signature													
If I am voluntarily paying 100% of the cost of this Plan, without employer contribution, I agree to remain in Plan a minimum of 12 months and/or be responsible for a minimum of twelve months of Subscription Dues. I understand and agree that my signature on this enrollment form serves as my legal commitment to the Plan and its terms. Further, this signature represents my authorization for the release of information regarding services provided to me or my covered dependents by dentists and other providers of dental services. Information will be released to Dominion Dental Services, Inc. for the purpose of Quality Assurance and/or utilization review. Authorization will be limited to the term of coverage of this policy. A copy of this form will be made available to subscriber or their authorized representative upon request.													
Subscriber's Signature X _____ Date _____													
Administrative Use Only													
Code #			Group #			Group Name			Coverage Eff. Date			Plan #	
			15337									DF 505xs	

## Can I make changes on the Internet?

An interactive web site is provided for your use. It allows on-line access to Plan information and permits changes to member records. Features include:

- New Dentist Search
- Membership transfers to new dentist
- View benefit schedules and coverage provisions
- Leave email for our Member Services Department
- Request a new membership card

All changes are confirmed by return email. For more information, visit us at [www.DominionDental.com](http://www.DominionDental.com).

## Monthly Rates:

Group Dental (Plan 505xs)	
Subscriber Only	\$20.36
Subscriber & Spouse	\$34.10
Subscriber & Child/ren	\$41.30
Family	\$48.50

For more information, call the **DOMINION**  
toll-free helpline: **1-888-518-5338**



115 South Union St. • Suite 300  
Alexandria, VA 22314  
1-888-518-5338  
(fax) 703-518-8849

[www.DominionDental.com](http://www.DominionDental.com)

## Group Plan 505xs Summary of Benefits and Member Copayments

DIAGNOSTIC/PREVENTIVE	Member Fees
Office Visits (Includes Sterilization Charge) .....	\$10
Oral Examinations and Diagnosis .....	No Charge
X-rays:	
Complete Series .....	22
Single Periapical .....	No Charge
Bitewing .....	No Charge
Panoramic X-rays .....	22
Each Additional Film .....	No Charge
Pulp Vitality Test .....	No Charge
Diagnostic Models .....	No Charge
Teeth Cleaning (1 per six months per member) .....	No Charge
Topical Fluoride .....	No Charge
Nutritional Counseling .....	No Charge
Oral Hygiene Instruction .....	No Charge
Sealant - per Tooth .....	16
Space Maintainers:	
Unilateral .....	112
Bilateral .....	151
Recementation .....	27
Emergency (palliative) Treatment per Visit .....	35
Local Anesthesia .....	No Charge
Nitrous Oxide (per visit - if available) .....	30
Second Opinion/Consultation, per Session (by another Plan Dentist) ..	34
Broken Appointments (without 24 hours notice - per 1/2 hour) .....	20
<b>RESTORATIVE DENTISTRY (Fillings)</b>	
Amalgam Restorations (silver):	
One Surface Filling, Primary .....	29
Two Surfaces Filling, Primary .....	36
Three Surfaces Filling, Primary .....	45
Four or More Surfaces Filling, Primary .....	54
Resin Composite Restorations (tooth colored):	
One Surface Filling, Anterior .....	53
Two Surface Filling, Anterior .....	63
Three Surface Filling, Anterior .....	75
Four or More Surfaces Filling, Anterior .....	90
Pin Retention (per tooth, add to restoration) .....	17
Pulp Cap Direct/Indirect (excl. final restoration) .....	20
Sedative Filling .....	30

<b>CROWN AND BRIDGE (Caps, Fixed Tooth Replacement)</b>	
Inlay - One, Two or Three Surface .....	339
Onlay - Two Surface .....	339
Resin Crown (lab processed) .....	246
Temporary Crown (in conjunction with permanent crown) .....	No Charge
Resin with Metal Crown .....	392
Porcelain Crown Fused to Metal .....	392
Full Cast Crown .....	381
Recementation: Inlay/Crown per Unit .....	31
Cast Post and Core in Addition to Crown .....	142
Prefabricated Post and Core in Addition to Crown .....	116
Stainless Steel Crown (primary or permanent) .....	93
Core Build-Up, including any pins .....	94
Recementation: Bridge .....	52

<b>PONTICS</b>	
Cast (metal) .....	381
Porcelain with Metal .....	392
Resin with Metal .....	392

<b>BRIDGE RETAINERS</b>	
Retainer - Cast Metal for Resin Bonded Fixed .....	358
Abutment Crown - Resin with Metal .....	357
Abutment Crown - Porcelain Fused to Metal .....	392
Crown - 3/4 Cast High Noble Metal .....	365

<b>PROSTHETICS (Removable)</b>	
Complete Denture - Upper or Lower .....	515
Immediate Denture - Upper or Lower .....	549
Partial Denture:	
Upper/Lower Resin Base with Conventional Clasps/Rests .....	476
Upper/Lower Cast Metal Base with Resin Saddle .....	560
Removable Unilateral Partial -1 Piece Cast Met with Clasps and Pontics .....	308
Interim Complete/Partial Dentures (upper/lower) .....	258
Complete Denture Adjustments .....	27
Reline - Laboratory, Complete/Partial Denture .....	166
Tissue Conditioning Upper/Lower per Unit .....	58
Repairs:	
Repair Complete Denture Base .....	65
Replace Missing/Broken Tooth Complete Denture (per tooth) .....	65
Clasp Added To Partial Denture .....	86

<b>ENDODONTICS' (Root Canal)</b>	<b>Member Fees</b>
Pulpotomy .....	\$58/82
Anterior .....	235/396
Bicuspid .....	286/460
Molar .....	353/540
Apicoectomy - Anterior .....	224/250
Apicoectomy - Bicuspid .....	241/320
Apicoectomy - Molar (first root) .....	274/320
Apicoectomy - (each additional root) .....	106/125
Retrograde Filling (per root) .....	82/105

<b>PERIODONTICS' (Gum Treatment)</b>	
Gingivectomy per Quadrant .....	202/294
Gingivectomy per Tooth .....	72/144
Gingival Curettage per Quadrant .....	103/182
Gingival Flap Surgery per Quadrant .....	246/360
Osseous (bone) Surgery per Quadrant .....	274/315
Periodontal Scaling and Root Planing per Quadrant .....	90/200
Periodontal Maintenance Procedures .....	56/110

<b>ORAL SURGERY'</b>	
Extraction, Without Complication .....	52/69
Root Removal - Exposed Roots .....	67
Surgical Extraction, Erupted .....	94/105
Impaction:	
Soft Tissue .....	106/114
Partially Bony .....	140/195
Completely Bony .....	169/265
Residual Tooth Root Removal .....	98/101
Alveoloplasty (per quadrant) .....	100/130

*' Specialty care is provided at the listed copayment whether performed by a participating general dentist or a participating specialist. Referrals to a specialist must be made by the member's participating general dentist. If the listed procedure contains a slash (/), the second listed fee represents the copayment due to the specialist after referral..*

<b>ORTHODONTICS</b>	
Initial Records and Study Models .....	350
2-Year Case (Child) .....	2,900
2-Year Case (Adult) .....	3,100

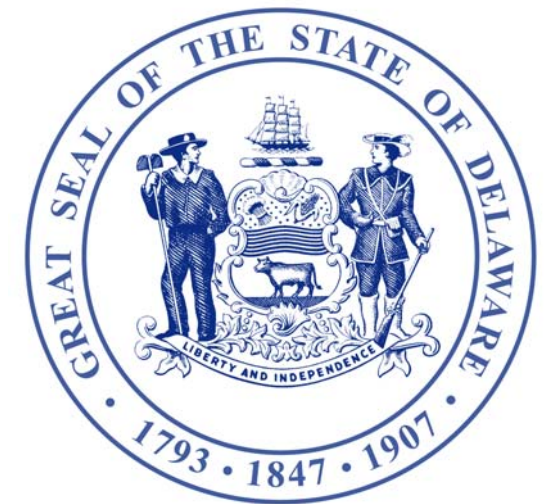
### Plan Exclusions

1. Services for injuries or conditions which are covered under worker's compensation and employer's liability laws. Services which are provided without cost to Subscribers by any federal, state, municipal, county, or other subdivision's program (with the exception of Medicaid).
2. Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
3. Cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the sole discretion of the Participating Dentist, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic or war, including declared or undeclared war or acts of war.
9. Replacement due to loss or theft of prosthetic appliance.
10. General anesthesia and sedation.
11. Services that cannot be performed because of the general health of the patient.
12. Implantation and related restorative procedures.
13. Unlisted procedures are not covered.
14. Services obtained outside of the dental office in which enrolled and which are not pre-authorized by such office or Dominion Dental Services, Inc. (with the exception of out-of-area emergency dental services).
15. Services related to the treatment of TMD (Temporal Mandibular Disorder).
16. Services performed by a Plan Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics).
17. Elective surgery including, but not limited to extraction of non-pathologic, asymptomatic impacted teeth.

### Plan Limitations

1. Replacement of a bridge, crown or denture within 5 years after the date it was originally installed.
2. Replacement of filling within 2 years after original date of placement.
3. Teeth cleaning (Prophylaxis) at intervals of less than six months.
4. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
5. Full mouth x-rays or panoramic film -- one set every three years.
6. Retreatment of root canal within 2 years of the original treatment.
7. Pedodontic care is covered up to age 5 with a referral from a Participating General Dentist.

SMILE. WE'VE GOT YOU COVERED.



## GROUP DENTAL PLAN 505xs

DOMINION  
**DDS**  
DENTAL  
*Services, Inc.*